

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
STATE ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yajima	Tiffany	N	539-0843
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
			tyajima@awlaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Autism Speaks		803-520-8080
MAILING ADDRESS (Street)		FAX
125 Ashworth Drive		EMAIL
		Lorri.Unumb@autismspeaks.org
(City)	(State)	(Zip Code)
Lexington	SC	29072
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lorri Unumb		803-520-8080
MAILING ADDRESS (Street)		FAX
125 Ashworth Drive		EMAIL
		Lorri.Unumb@autismspeaks.org
(City)	(State)	(Zip Code)
Lexington	SC	29072

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>Lorri N. Unumb</i></u> (Signature of Lobbyist)	<u>4/18/13</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Lorri Unumb		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable) Autism Speaks		TELEPHONE 803-520-8080
MAILING ADDRESS (Street) 125 Ashworth Drive		FAX
		EMAIL Lorri.Unumb@autismspeaks.org
(City) Lexington	(State) SC	(Zip Code) 29072
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u><i>Lorri N. Unumb</i></u> (Signature of Authorizing Officer or Person Represented)		<u>4-11-13</u> (Date)